

REQUEST TO CONTINUE TELEWORK DUE TO COVID-19

NON-AVAILABILITY OF CHILD CARE

Employee Name: _____

Employee Job Title: _____

I certify that I am unable to report to work due to having no one to care for my child (children) at this time due to COVID-19.

Child's Name _____ Age _____

Closed school or day care _____

Date scheduled to open _____

Use additional sheets if necessary.

I further certify that I am actively seeking a resolution to this lack of child care.

I understand that my approval to telework may be withdrawn at any time. Termination of my participation may be immediate and does not require advanced notice.

I understand that all leave policies apply during this telework period. If I am unable to work during my regular schedule, I will notify my supervisor for appropriate leave submittal. If I am unable to access necessary software or utilize necessary equipment (due to equipment issues or power outages) I must notify my supervisor, and I may be required to submit leave or report to the work location.

I have reviewed the telework guidelines established by the State Personnel Department. I understand that the Department of Mental Health can require and exercise the rights and responsibilities as outlined in that document.

Telework will only be approved for a two-week period. I will notify my supervisor immediately and schedule my return to work if I secure child care during this approved period.

Employee Signature: _____

Supervisor Approval: _____

From: _____ To: _____

Hours per Day: _____

Days per Week: _____

Associate Commissioner Approval: _____

June 30, 2020